

EXHIBIT 19



Ohio's Prescription Drug Overdose Epidemic: Helping women in recovery



CUYAHOGA COUNTY

Opiate Task Force

Collaborating for Prevention • Treatment • Recovery

CUYAHOGA COUNTY
BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

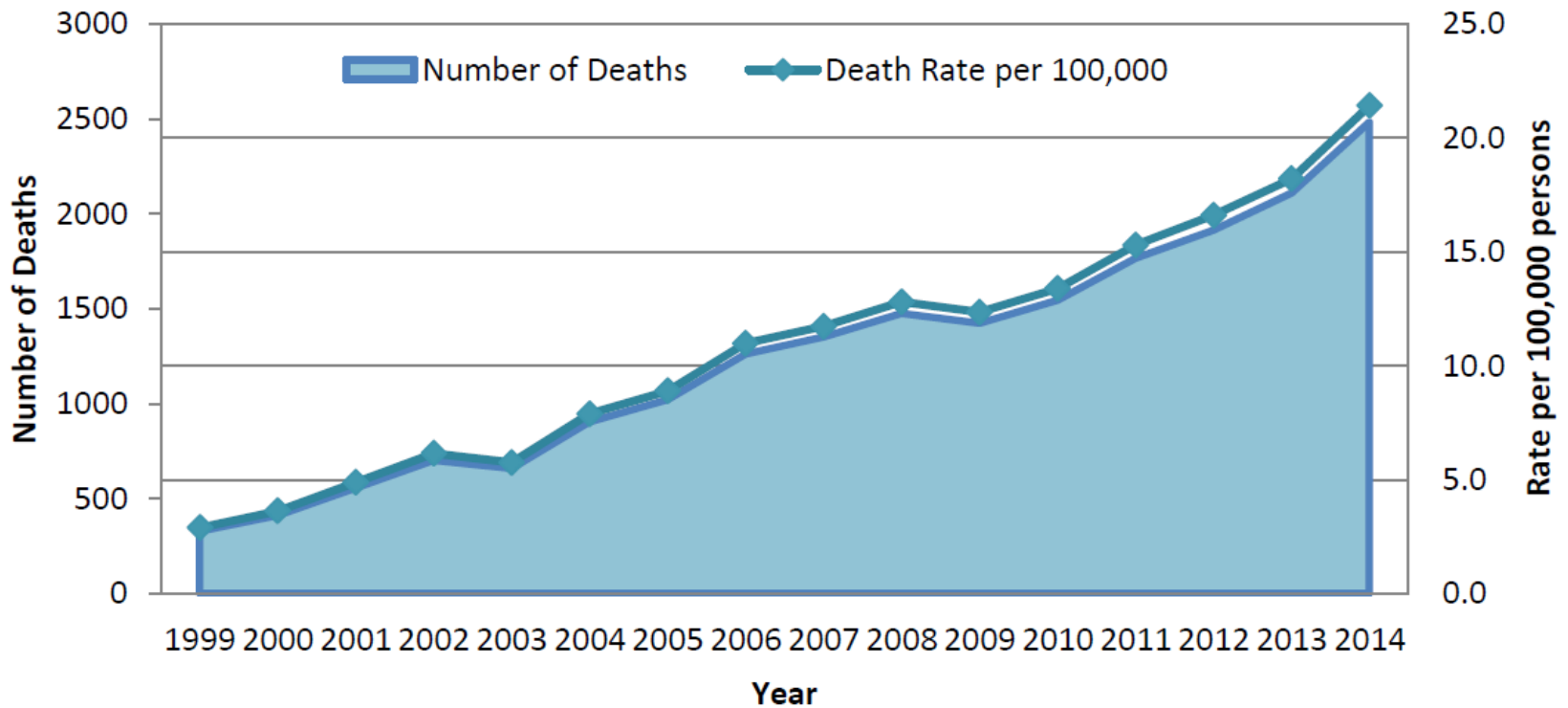
Definitions

- Opiate- originate from naturally-occurring elements found in the opium poppy plant. These drugs are best known for their ability to relieve pain symptoms. Opiate drug types include **heroin, opium, morphine and codeine.**
- Opioid- any chemical that resembles morphine. Can be natural or synthetic. Examples **include oxycodone (OxyContin), fentanyl, methadone, hydrocodone (Vicodin)**
- Benzodiazepine- a class of psychoactive drugs that work on the CNS. Most common: **Xanax**



Crisis in Ohio

Figure 2. Number of Deaths and Death Rate per 100,000 from Unintentional Drug Overdose by Year, Ohio Residents, 1999-2014



Impact in Cuyahoga County

CURRENT PUBLIC HEALTH EMERGENCY

No. of Fatal Cases due to heroin/fentanyl since March 10th – 23

9 City of Cleveland Residents

14 Suburban Residents- Brecksville, Brook Park, Cleveland Heights (2), Euclid, Lakewood, North Royalton, Olmsted Township, Parma (2), Parma Heights, South Euclid, Strongsville, Westlake

VICTIMS

Victims' ages range from 23 – 62

17 Male victims; 6 Female victims

1 African American victim; 4 Hispanic victims; 18 Caucasian victims

EXPONENTIAL RATE OF INCREASE

In 2015, one person died every day in Cuyahoga County from a drug overdose.

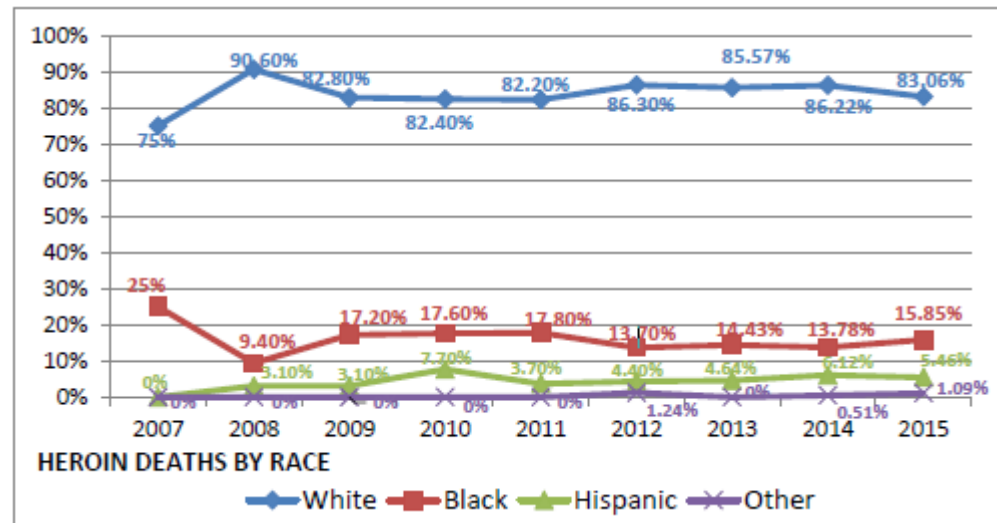
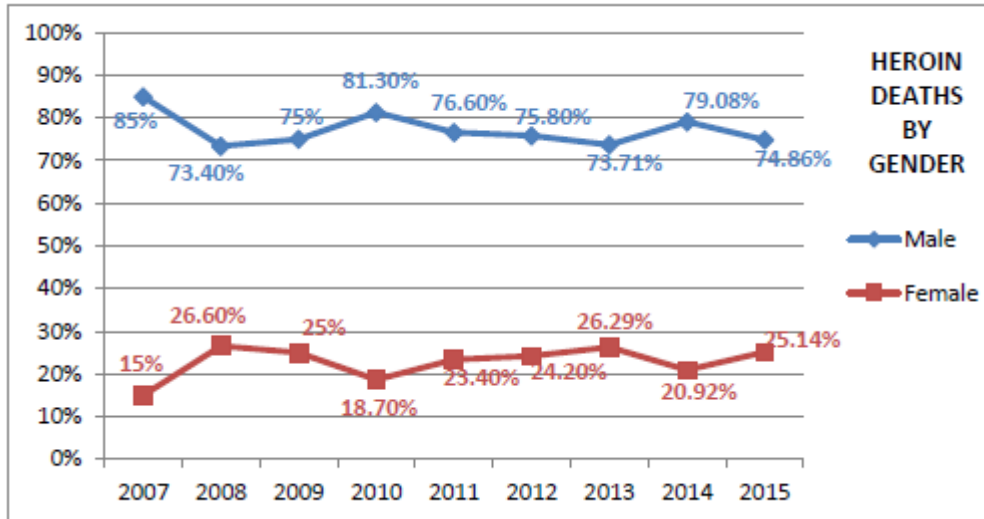
In 2016, during January and February, one person died every day in Cuyahoga County from a heroin or fentanyl overdose. January was a record for fentanyl deaths, broken again in February.

In March 2016, two people have died every day in Cuyahoga County from a heroin or fentanyl overdose. March will set a new record for fentanyl deaths. The next victim will be **#100** for 2016.

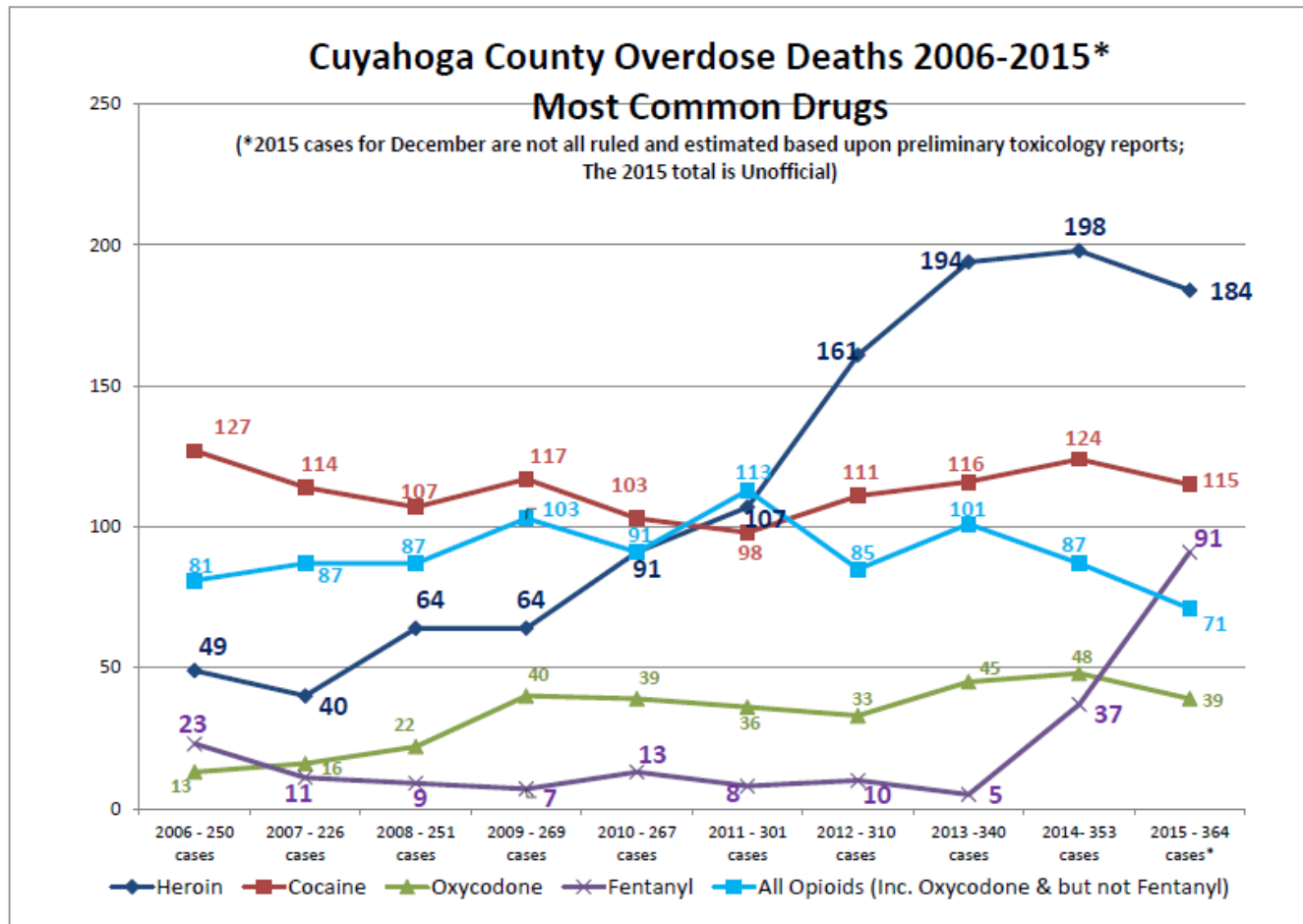
*Source: Cuyahoga County Medical
Examiner's Office revised 3-21-16*



Impact in Cuyahoga County

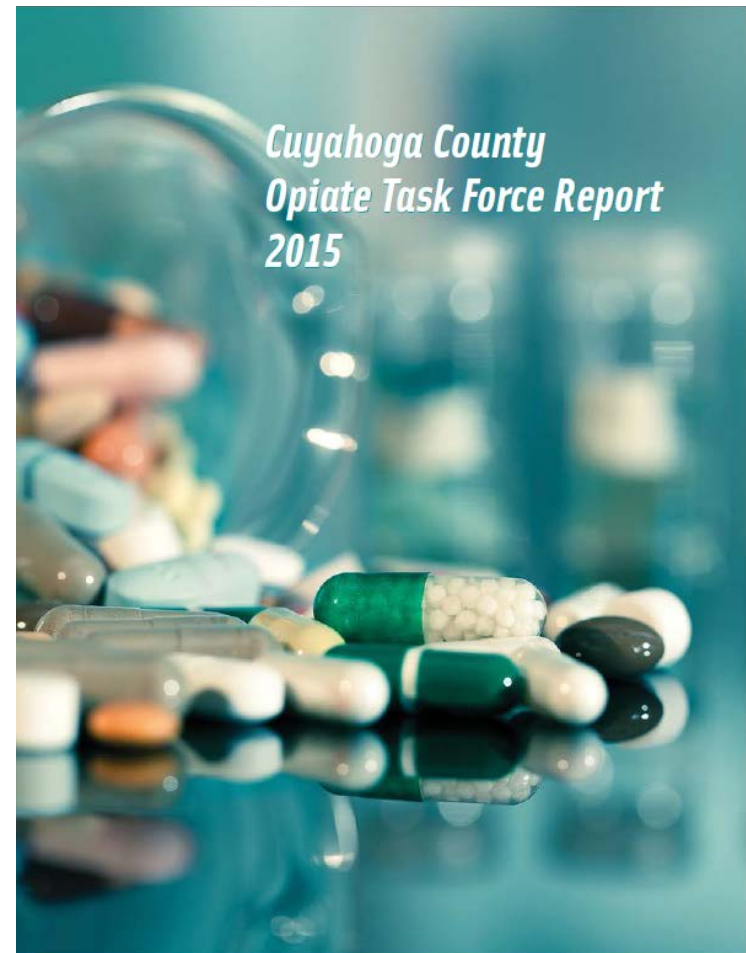


Impact in Cuyahoga County



Collaboration

- Benefit to working with engaged members of the community.
- Build upon successful partnerships.
- Identify target populations at risk.
- Find the people interested in making a difference.



Women's Health in Recovery & Addiction

- Alcohol and drug dependent women live with challenges with health needs including active substance abuse, stigma, and complex systems of care.
- In addition to exposure to violence,
 - Acute and chronic disease
 - Higher rates of smoking
 - Mental health concerns
 - Intense emotional trauma.
- These risks increase with pregnancy and opioid dependence
- Higher rates for HIV/STDs and cervical cancers

Drug Abuse = Increased Risk for Unintended Pregnancy

- Social determinates of health
- Poor access to health care
- Poverty, Low SES
- Lack of education
- Sexual coercion
- Domestic violence
- Rape
- Sex work
- Mental health disorders
- Multiple partners
- Chaotic lifestyles
- High rates of STDs
- Lack of prenatal care
- Family instability
- Polysubstance abuse
- Thoughts, beliefs about infertility



Misconception of Infertility

Low body weight, poor nutrition, and opiates raise prolactin levels

- Low libido
- Impairment of sexual functioning
- Enlargement of breast tissue and galactorrhea
- Irregular or absent periods
- Belief that their risk for pregnancy is low
- Women asked about own fertility
 - 17% believed they were infertile
 - 19% were unsure about their infertility



Barriers to Reproductive Services

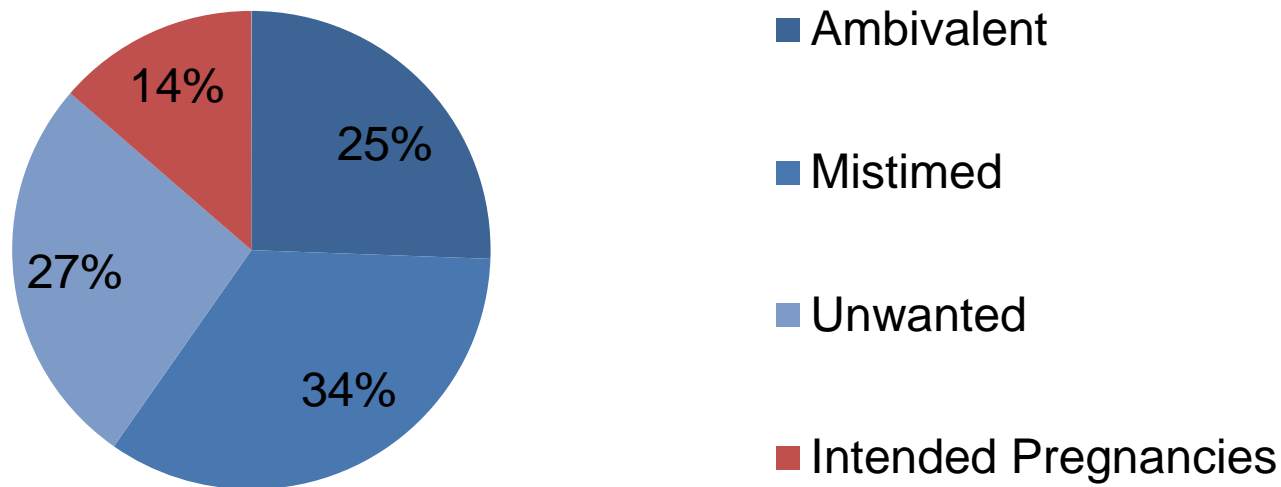
- Lower urgency
- Health-seeking behaviors
 - Stigma
 - Previous experiences
 - Mistrust
 - Lack of transportation and childcare
 - Fear of arrest, prosecution, losing a child
- Family Planning Services
 - Behavior of partners
 - Condom use
 - Myths or concerns with contraception
 - Judgement



Unintended Pregnancies in Women who abuse Opioids

(Heil, S. H. et al, 2011)

Pregnancy Intentions



- 86% of pregnant opiate-dependent women reported having unintended pregnancies
- Two times greater than non-opiate dependent counterparts

Unintended Pregnancies in Women who abuse Opioids

(Heil, S. H. et al, 2011)

- 86% of the women were not planning a pregnancy
- Yet, 65% of them were not using any forms of contraception
- Least effective forms of the 35%



Unintended Pregnancies in Women who abuse Opioids

(Heil, S. H. et al, 2011)

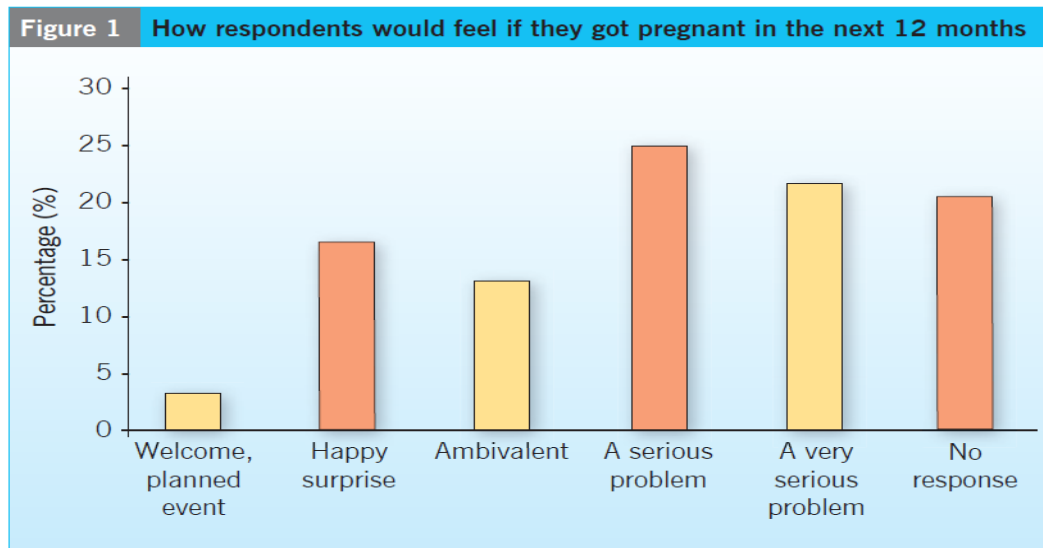
- Increased multiple unintended pregnancies
- Almost 5 times as many women had abortions when compared to the general public
- Higher rates of stillbirths



Contraceptive needs of women attending drug and alcohol treatment centers

(Mundt-Leach, 2013)

- When women, who previously had a pregnancy, were asked about their pregnancy
 - 60% of the respondents viewed their pregnancy as neutral, serious problem, or very serious problem.
 - Only 19% said they viewed their pregnancy positively



Effects of Drug Misuse during Pregnancy

- Prematurity and low birth weight
- Intrauterine growth restriction
- Placental abruption
- Inadequate prenatal care
- Poor nutrition
- Neonatal withdrawal syndrome
- Infant and child neurobehavioral dysfunction



Effects of Drug Misuse during Pregnancy

- Successful pregnancies
- Potential legal problems
- 74% of women's children were being looked at by someone other than the mother or father (Heil, S. H. et al, 2011).
- 2/3 of children under 16 were unable to live with mother (Cornford, C. et al, 2014).
- Loss of pregnancy or child unresolved grief and loss



Contraceptive Choices

Of 376 women receiving treatment for opioid addiction

- 30% were using contraceptives when compared to the national average of 75%
- Non-condom contraceptives was 25% when compared to 50%

(Cornford, C. et al, 2014)

Women using contraception tend to use less reliable methods.



Contraceptive Counseling

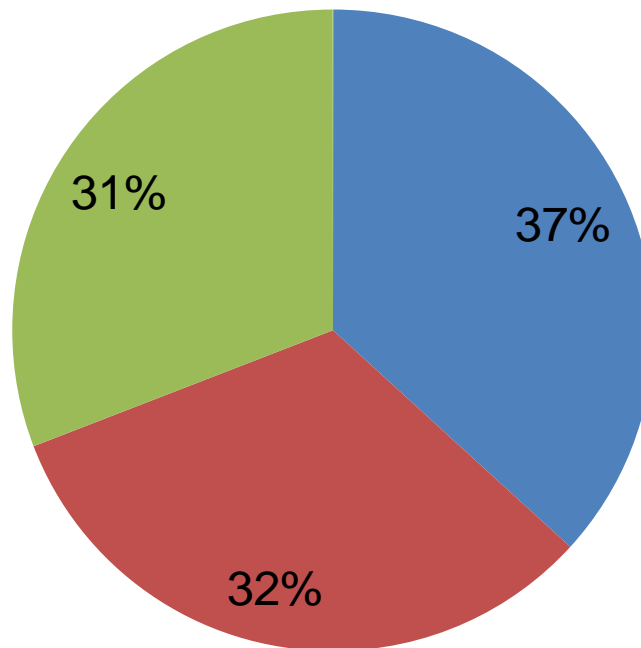
(Mundt-Leach, 2013)

Table 7 Sources of contraception advice

	Yes	No
Have you discussed contraception with your GP in the past year? (Total respondents: 102)	38%	62%
Have you discussed contraception at this drug/alcohol service since you started treatment here? (Total respondents: 98)	27%	73%
Have you discussed contraception with a nurse/doctor at a contraception (family planning) clinic in the past year? (Total respondents: 98)	23%	77%

Preferences for Accessing Women's Health Services

■ Clinic with drug services ■ General practitioners
■ Sexual health clinics ■



Empowerment in Recovery

(Jessup, M. A. et al, 2005)

- Gender-specific treatment models
- Reproductive health not typically part
 - Limitations
 - Time
 - Staffing
 - Resources
 - Treatment priorities
- Gives women the skills to support
 - Decision-making
 - Positive help-seeking
 - Choice in Reproductive Status



TABLE 2

Reproductive health for substance drug dependent women^a

Education

Female/male anatomy and physiology

Contraception

Hepatitis, HIV/AIDS and other STIs: prevention, testing,
and treatmentPregnancy: fetal development, nutrition, effects of alcohol,
tobacco & other drugsPostpartum: psychological and physical recovery after
childbirth, contraceptionBreast health: self-exam, mammograms, lactation and
breastfeeding

Nutrition

Sexuality, sexual orientation, and identity

Communication with partners

Consumer awareness re: access and utilization of
reproductive/primary health care services

Health Care

Obstetric and gynecological care (with referral to primary
care provider pre-discharge)

Nutrition assessment

Lactation consultation as needed

Counseling

Spacing/timing of pregnancy

Contraception

As needed:

Relationships; on-going recovery and social support

Communication with partners

Sexuality, sexual orientation, and identity

Coping with health problems

Loss & grief re: previous miscarriage, pregnancy
termination, or infant death^aAdapted from: Shannon, M. T. (2004).

Improve maternal and child health and social outcomes in drug treatment

Jessup, M. A., 2005

- Treatment models that including gender-specific treatment services that rely on interagency collaborations
- Devise a system which reduces the barriers to family planning services
- Education with the staff as well to help the women make informed decisions about reproductive health

Heil, S. H., 2011

- Drug abuse treatment programs may be an important setting for interventions to reduce the very high rate of unintended pregnancy in this population
- Integrating free family planning services into drug treatment
- Help access services related to future childbearing and contraception to be an active health consumer
- Contraception counseling sessions to reduce risk of pregnancy in women with dependencies

Improve maternal and child health and social outcomes in drug treatment

Mundt-Leach, 2013)

- Sometimes women use pregnancy as an opportunity to improve their lifestyle and engage positively with treatment services.
- Providing in-house sexual health services at the drug treatment center
- Smoking cessation and folic acid discussion

Cornford, C. et al, 2014

- Discussion needs to happen earlier than it is currently to lead to better outcomes
- Improving contraceptive uptake would benefit patients and have broader societal benefits.

“Effective use of contraception would reduce the incidence of mis-timed pregnancies to allow women to conceive when their lives are stable enough to keep the child”

Discuss with these women about contraception options before they have an unintended pregnancy to reduce poor maternal and child



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TITLE X FAMILY PLANNING CLINIC



What is Title X?

- Title X was enacted in 1970 as Title X of the Public Health Service Act.
- Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services based on a sliding fee scale and free of cost to qualifying individuals.

Title X Family Planning

- CCBH is part of a network of over 4,000 federally supported family planning centers serving about five million clients a year. Services are provided through state, county, and local health departments; community health centers; Planned Parenthood centers; and hospital-based, school-based, faith-based, other private nonprofits.

Why Family Planning?

- A planned pregnancy leads to healthier pregnancies, healthier mothers, and healthier babies. The **FAMILY PLANNING CLINIC** at the Cuyahoga County Board of Health can help with reproductive health and reproductive life planning and healthy child spacing.

Services We Offer

- We serve teens and men and women age 13 and up of any insurance status
- Well woman care including annual exams and cervical cancer screening
- A wide range of contraceptive choices including emergency contraception
- Pregnancy testing and all options counseling
- STI testing and treatment
- HPV and flu vaccines
- Education and counseling on reproductive health issues

IUDs and Implants: A Primer for Community Education

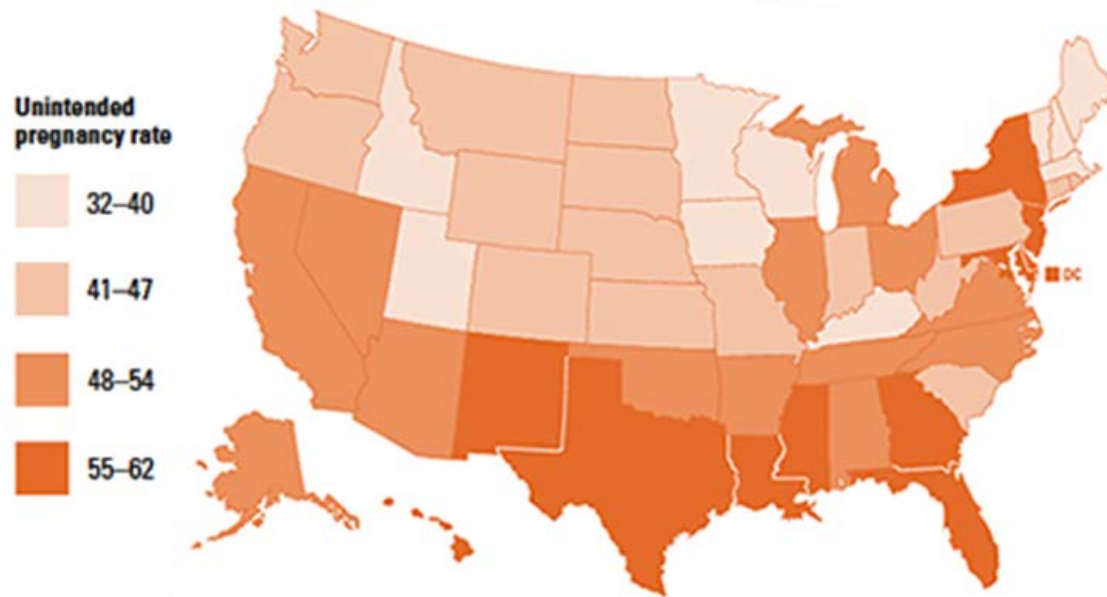
Safe. Effective. Forgettable.

Unintended Pregnancy

What's the problem?

2010 Unintended Pregnancy Rates by State

Unintended Pregnancy Rates, by State, in 2010



*Rates for Arizona, Indiana, Kansas, Montana, Nevada, New Hampshire, North Dakota and South Dakota estimated by multivariate regression.

Unintended Pregnancy in the United States

- Currently, about half (51%) of 6.6 million pregnancies are unintended
- HHS Healthy People 2020 goal: reduce unintended pregnancies to 44%
- About 5% of U.S. women ages 15-44 have an unintended pregnancy each year (that's almost 8 million women!)
- The U.S. unintended pregnancy rate is significantly higher than the rate in many other developed countries

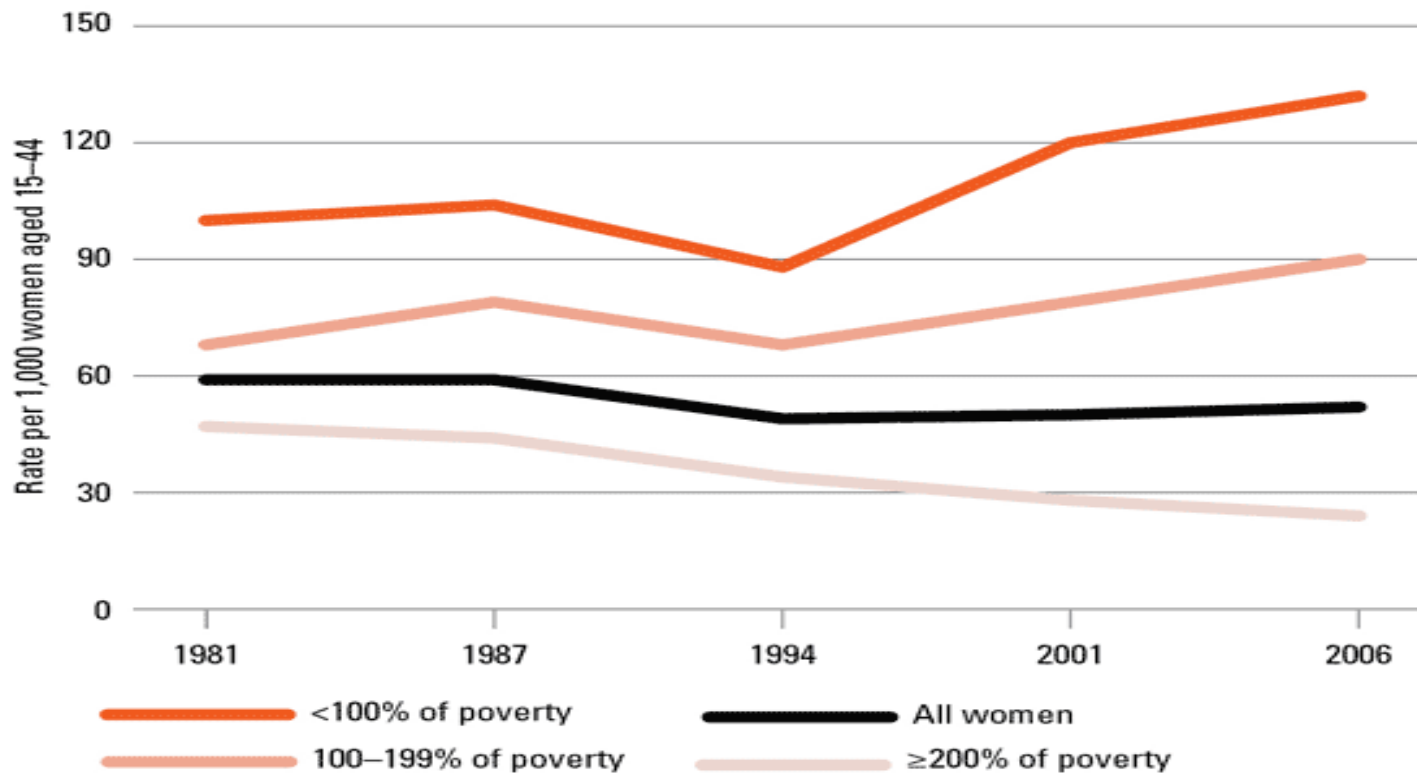
Unintended Pregnancy in Ohio

- In 2010, 55% of all pregnancies were unintended (109,000) Above the national average of 51%
- The teen pregnancy rate in Ohio was 54 per 1,000 women aged 15-19 in 2010
- In 2010, 60% of unintended pregnancies resulted in births, 25% resulted in abortions, and the remainder ended in miscarriage

However...

DIVERGING TRENDS

Unintended pregnancy has become increasingly concentrated among poor and low-income women.



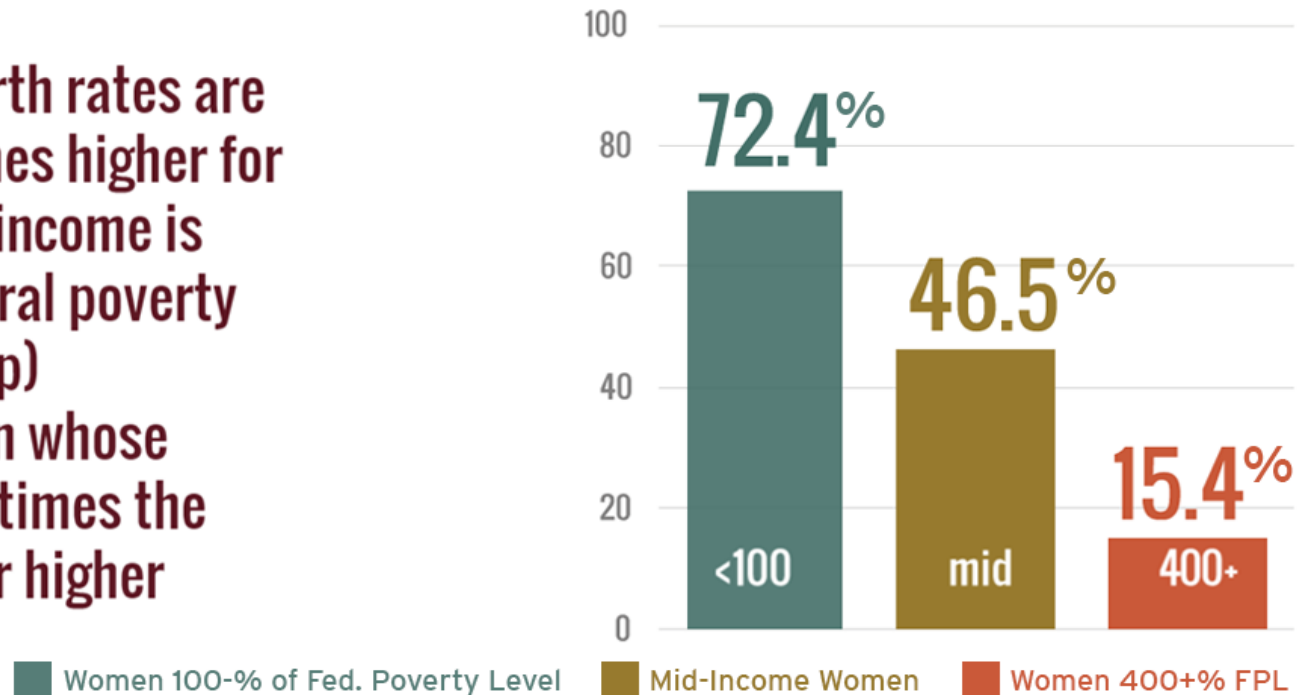
Source: Reference 8.

www.guttmacher.org

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action:

Unintended birth rates are almost five times higher for women whose income is below the federal poverty line (<100 group) than for women whose income is four times the poverty level or higher (400+ group).



Disparity Leads to Disparity

- Ohio's 2012 infant mortality rate: (infant deaths per 1,000 births) compared to the national rate of 6.5%
- Cuyahoga County: 9.1
- Cleveland: 13.2
- Great racial disparities in infant mortality rates; black IM rate is nearly 3x higher than white
- Healthy people 2020 IM rate goal: 6.0
- LARCs are part of an upstream approach to tackling infant mortality

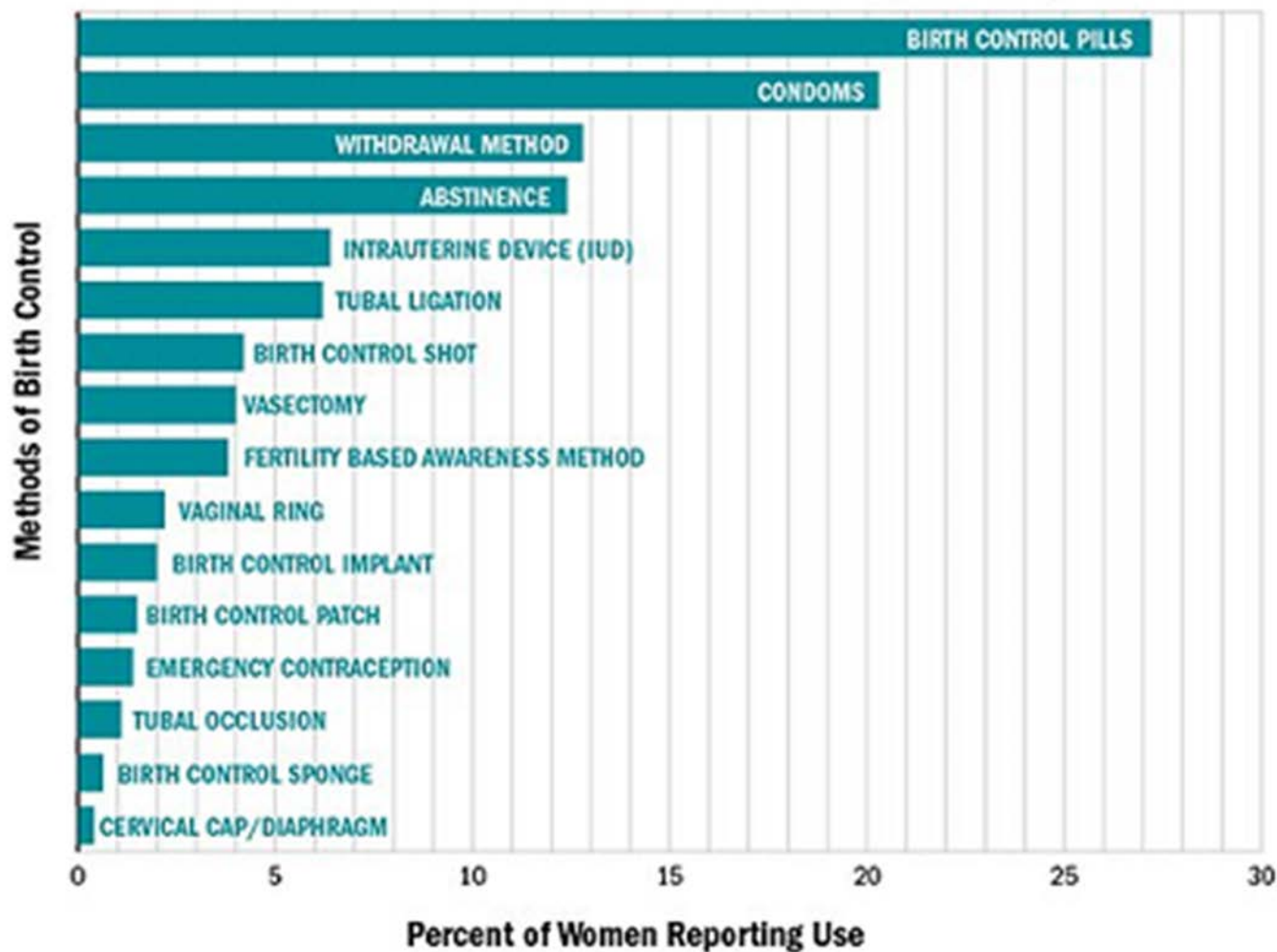
IUDs and Implants: Leveling the Playing Field



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Family Planning Method Use

Birth Control Methods: Most Popular by Use

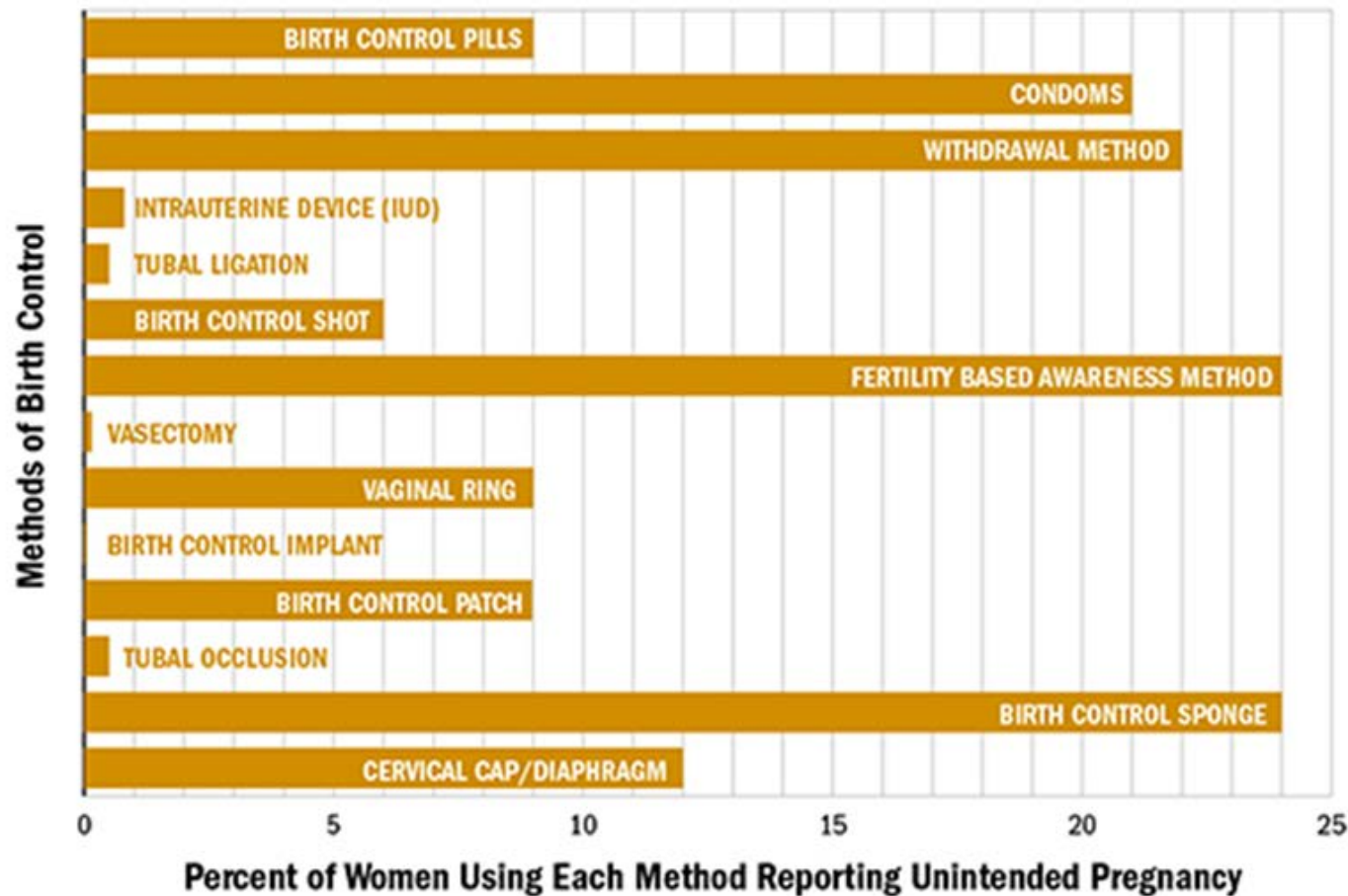


© 2013 American College of Nurse-Midwives

Source: Women's Healthcare Experiences and Perceptions: Survey Spotlights Family Planning and Contraception, October 2013

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Birth Control Methods: Effectiveness Measured by Unintended Pregnancies



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Source: Centers for Disease Control and Prevention (CDC), <http://1.usa.gov/1e37WsX>

CDC did not provide data on Abstinence and Emergency Contraception Rate

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Commonly Used Birth Control Methods: Popularity vs. Effectiveness

BIRTH CONTROL PILLS

27.2%

Of women report using



Of those using this method, **9%** experienced unintended pregnancy

CONDOMS

20.3%

Of women report using



Of those using this method, **18-21%** experienced unintended pregnancy

WITHDRAWAL METHOD

12.8%

Of women report using



Of those using this method, **22%** experienced unintended pregnancy

INTRAUTERINE DEVICE (IUD)

6.4%

Of women report using



Of those using this method, **0.8%** experienced unintended pregnancy

BIRTH CONTROL SHOT

4.2%

Of women report using



Of those using this method, **6%** experienced unintended pregnancy

FERTILITY BASED AWARENESS METHOD

4.0%

Of women report using



Of those using this method, **24%** experienced unintended pregnancy

VAGINAL RING

2.2%

Of women report using



Of those using this method, **9%** experienced unintended pregnancy

BIRTH CONTROL IMPLANT

1.8%

Of women report using



Of those using this method, **0.05%** experienced unintended pregnancy

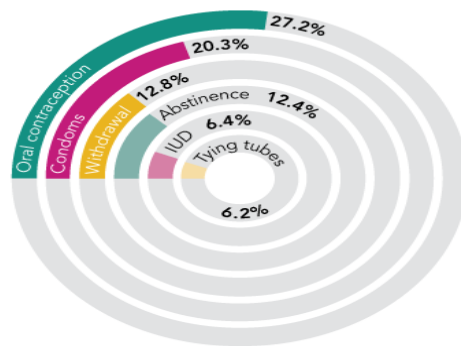
Only 1 in 5 Women Know Which Birth Control Method Is Most Effective

What women don't know about birth control could hurt them: when asked about what works best, most chose abstinence, with only 20 percent citing intrauterine devices, the most effective method according to the CDC. Here's what women are thinking and doing about birth control, and what actually works.



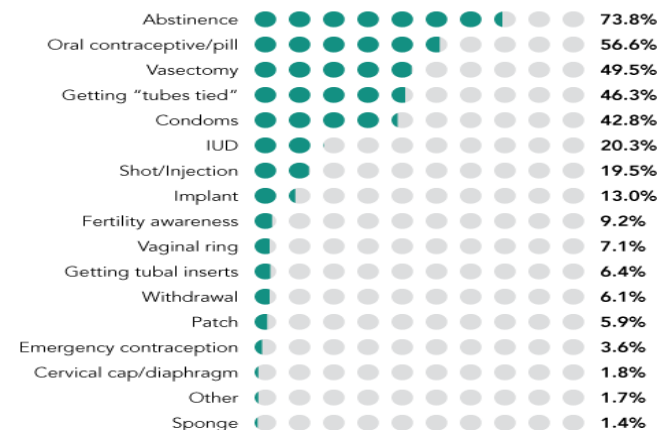
What Women Say

THE BIRTH CONTROL METHODS WOMEN ARE CURRENTLY USING



Below 5 percent not shown: Fertility awareness, implant, shot/injection, patch, sponge, vaginal ring, cervical cap/diaphragm, getting tubal inserts, vasectomy, emergency contraception, other

THE BIRTH CONTROL OPTIONS WOMEN THINK ARE MOST EFFECTIVE FOR PREVENTING PREGNANCY



What Science Says

LESS EFFECTIVE

About 25 pregnancies per 100 women

- Spermicide
- Fertility-Awareness Based Methods

12-24 pregnancies per 100 women

- Diaphragm
- Male condom
- Female condom
- Withdrawal
- Sponge
- Cervical Cap

2-9 pregnancies per 100 women

- LAM (Breastfeeding)
- Shot
- Pill
- Ring
- Patch

MORE EFFECTIVE

Less than 1 pregnancies per 100 women

- Vasectomy
- Female Sterilization
- IUD
- Implant

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But...*effective* contraception is *more than just efficacy rate!*

- Side effects
- Ongoing commitment
- Ongoing cost
- Ease of access
- Ongoing effort to obtain
- Stable insurance coverage
- Privacy

IUDs and implants: leveling the playing field



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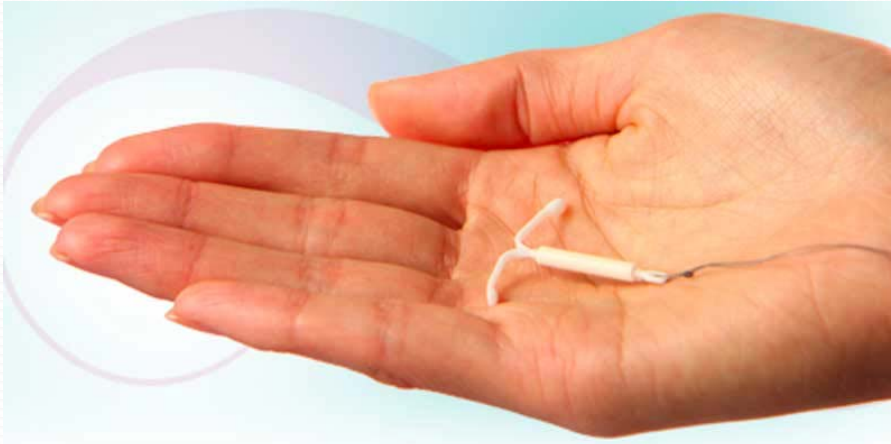
Changing the “Default State”

- “Default” state of sexually active women in the childbearing years is *pregnant*

In the absence of effective contraception, most sexually active women will be pregnant within a year (many in much less time than that)

- Changing the “default” state to *not pregnant*

IUDs and Implants



Why aren't we using them more?

- **Dalcon Shield-** pre FDA device approval 1970s
 - Strings and PID
 - Difficult removal
- **Norplant**
 - Lawsuits
 - Reproductive injustices
- **Commonly held myths**

Current IUD and Implant Options

- Intrauterine Device (IUD)
 - Paragard
- Intrauterine System (IUS)
 - Mirena
 - Skyla
 - Liletta
- Hormonal Implant
 - Nexplanon

Benefits of IUDs and Implants

- LARCs are the most effective form of reversible birth control
- LARC devices are all over 99% effective at preventing pregnancies
- Easy to use- once the LARC device is placed it is effective for between 3–10 years with nothing to do before sexual intercourse

Benefits of IUDs and Implants

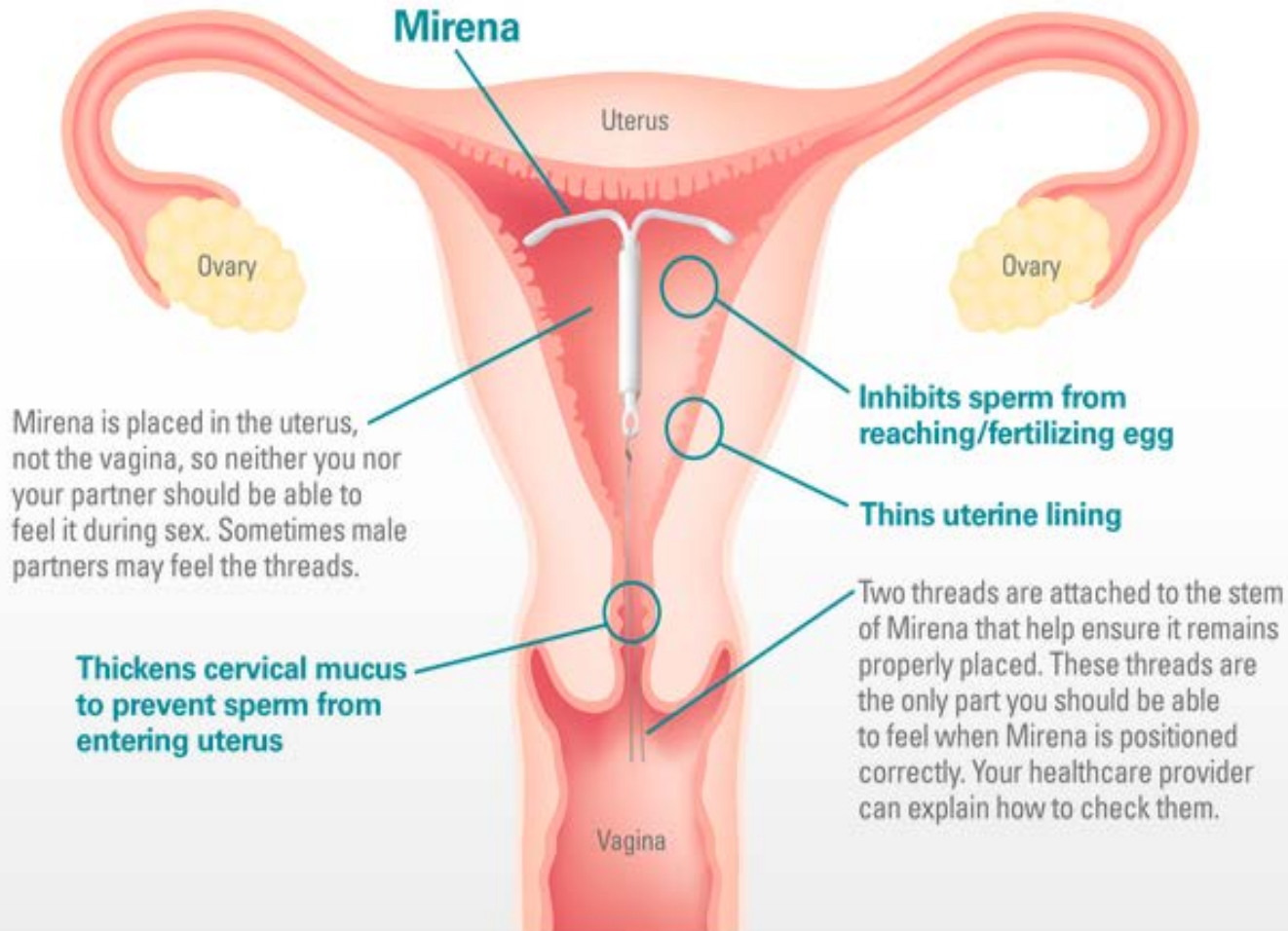
- Discreet birth control option
- Allows women to postpone having children until they are ready by changing the default state
- Great for healthy birth spacing
- Enables women who are finished bearing children to have an effective yet reversible birth control option in case they change their minds

Mirena/Skyla/Liletta

- An intrauterine device (IUD) that contains levonorgestrel (no estrogen) and is FDA approved for up to 5 years (Mirena) or 3 years (Skyla and Liletta)
- Additional Benefits: Used to treat heavy menstrual bleeding
- Can be inserted postpartum or post-abortion

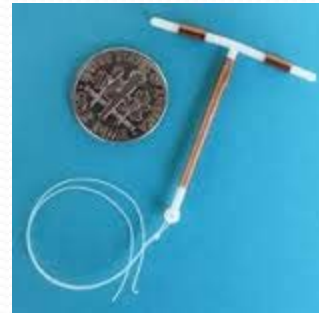


Progesterone IUDs: How they Work



ParaGard

- An IUD that contains no hormones and is approved for up to 10 years
- Great option for women who either cannot or do not want to use hormone based birth control
- Will not affect milk production in breastfeeding moms
- Regain fertility almost immediately upon removal



ParaGard: How it Works

- Copper is a spermicide
- ParaGard helps to prevent sperm from joining with an egg by interfering with the movement of the sperm toward the egg

Nexplanon



- The implant is a thin plastic tube about the size of a matchstick
- Inserted under the skin of the upper arm
- Prevents pregnancy by releasing a small amount of progestin causing changes in the cervical mucus. The mucus thickens, making it difficult for sperm to get through the cervix.
- FDA approved for 3 years
- Removal and reinsertion of a new device can happen at the same appointment

Important Practice Recommendation Changes

ACOG recommends IUDs and implants for:

- Healthy women of ***any reproductive age*** who:
 - desire highly effective contraception
 - desire reversible contraception
 - are nulliparous or parous

ACOG Recommendations

- LARC methods should be offered as first-line contraceptive methods and encouraged as options for most women
- LARC methods have few contraindications
- Almost all women are eligible for the implant and IUDs

ACOG Recommendations: Adolescents

- IUDs and the contraceptive implant are the best reversible methods for preventing unintended pregnancy, rapid repeat pregnancy, and abortion in young women
- LARC methods should be *first-line* recommendations for *all women and adolescents*

ACOG and AAP Recommendations: Adolescents

- Counseling about LARC methods should occur at **all** health care provider visits with sexually active adolescents
- Health care providers should consider LARC methods for all adolescents and help make these methods accessible to them

Who is a Good Candidate for IUDs and implants?

ALL teens and women
until proven otherwise

ACOG Practice Bulletin #121, July 2011

ACOG Committee Opinion #539, October 2012

CDC USMEC for Contraceptive Use Guidelines, July 2011

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STIs and IUDs

- IUD use does NOT increase the risk of PID and cause future infertility
- Test everyone for GC/CT at insertion – If a positive result is noted, DO NOT REMOVE DEVICE – Instead, treat, offer EPT per CDC and state guidelines, provide PID precautions and retest in 3 months

Centers for Disease Control and Prevention, MMWR, 2010

CDC Medical Eligibility Criteria

CDC Medical Eligibility for Initiating Contraception

Method can be used without restriction	1
Advantages of use generally outweigh theoretical or proven risks	2
Method usually not recommended unless other, more appropriate methods are not available / acceptable	3
Absolute contraindication, method not to be used	4

Few Absolute Contraindications To IUC Use (MEC 4)

- Pregnancy
- Puerperal sepsis
- Immediate post-septic abortion
- Unexplained vaginal bleeding
- Uterine fibroids that interfere with placement
- Uterine distortion (congenital or acquired)
- **Active** purulent cervicitis/PID
- Breast cancer <5 yrs (hormonal IUDs)

In Review...

- Adolescents 
- Same day insertion 
- Women who have never had a baby 
- Multiple partners 

What we learned from the CHOICE Project

- Women & teens overwhelmingly chose LARC when presented with all their options and counseled in order of most effective methods first

Women choose LARC

- Women & teens much more likely to still be using LARC at 1 & 2 years compared to more commonly used non-LARC methods.

Women are satisfied with LARC

Ohio LARC Initiative

- \$449,000 Maternal Child Health Block Grant

Administration and Community Partners:

- Ohio Department of Health
- Center for Community Solutions
- Gund Foundation

Participants:

- Cleveland Department of Public Health
- Cuyahoga County Board of Health
- Family Planning Association of Northeast Ohio
- Family Planning Services of Lorain County

8 clinic sites, rural, suburban, metropolitan areas

The logo for the Center for Community-Based Health (CCBH) is a dark green square with the letters "CCBH" in white, bold, sans-serif font.

Ohio LARC Initiative: Objectives

- Every pregnancy a planned pregnancy
- Remove barriers to LARC use
- Improve the uptake of LARC as first choice contraception
- Target population: all women of childbearing age seeking contraception

Ohio LARC Initiative: Action Plan

- Educate/train providers
- Educate/train all clinic staff on LARC first
 - Contraceptive counseling
 - Billing infrastructure
 - Reproductive Life Plan utilization
- Provide LARC at no/low cost
 - Funding for LARC and related supplies
- Same-day insertion
 - Policy level
- Outreach/marketing

Ohio LARC Initiative: Evaluation

- Number of LARC insertions in women ages 15-44
 - Increase IUS use by 5%
 - Increase Implants by 5%
- Increase number of same-day insertions
- Reproductive Life Plan utilization
 - One key question
 - LARC first contraceptive counseling

Better Birth Control NEO

- Clinic readiness: UPSTREAM USA comprehensive clinic level trainings with goal of reducing clinic level barriers to provision of IUDs and implants
- Social marketing campaign to increase awareness and positive regard for IUDs and implants.
National Campaign to Prevent Teen and Unplanned Pregnancy
- Evaluation
- Research and advocacy

whoopsproof.org

- Links to information about all forms of birth control including implants and IUDs
- Clinic finder

“Let us remember that women themselves know better than funders or practitioners do about where contraception fits into their lives, relationships and long-term goals at any particular moment.”

Walden, 2013

CUYAHOGA COUNTY BOARD OF HEALTH

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216-201-2000 www.ccbh.net



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